

drawing of blood from a homebound individual, without the need for other skilled nursing services, as a qualifying event for Medicare home health benefits.

Sec. 202. Monthly Certification for Hospice Care after First Six Months.

Section 202 amends section 1812(a)(4) to require monthly (rather than a one-time) recertification of a hospice Medicare patient as terminally ill after the patient has received hospice services for over 6 months.

Sec. 203. Payment for Home Hospice Care on Basis of Geographic Location of Home.

Section 203 amends section 1814(i)(2) to provide for Medicare payment of hospice care furnished in an individual's home based on the geographic location of the home (rather than of the hospice).

Sec. 204. Limitation on Hospice Care Liability for Individuals Not in Fact Terminally Ill.

Section 204 amends section 1879(g) to provide that Medicare beneficiaries (or hospices) do not have to pay for hospice care based on an incorrect diagnosis of terminal illness if the beneficiary (or hospice) did not know, and could not reasonably have been expected to know, that the diagnosis was in error. As is the case under current practice for other situations involving waiver of liability, a beneficiary has a favorable presumption of ignorance, while a provider of services does not.

Sec. 205. Medicare Capital Asset Sales Price Equal to Book Value.

Section 205 amends section 1861(v)(1)(O) to set the value of a capital asset (as recognized by Medicare) at the time of change of ownership at the book value of the asset. The section also applies this valuation to providers of services other than hospitals and skilled nursing facilities, and eliminates obsolete language referring to a return on equity capital.

Sec. 206. Repeal of Moratorium on Bad Debt Policy.

Section 206 repeals section 4008(c) of the Omnibus Budget Reconciliation Act of 1987, which prohibits the Secretary from making changes in the requirements governing Medicare payment for the bad debts of hospitals.

#### Part B—Bankruptcy Provisions

Sec. 221. Application of Certain Provisions of the Bankruptcy Code.

Section 221(a) adds a new section 1143, which provides that (1) the automatic stay of actions during the pendency of bankruptcy proceedings does not apply to actions by the Secretary or a State with respect to participation in Medicare or Medicaid, including actions relating to program exclusion, CMPs, recovery of overpayments, and denial of claims; (2) debts owed to the United States or to a State for an overpayment (except for an overpayment to a beneficiary) or a penalty, fine, or assessment under Medicare, Medicaid, or title XI are not dischargeable in bankruptcy; and (3) repayment to the United States or to a State of a Medicare or Medicaid debt, or for penalties, fines and assessments with respect to a debtor's participation in Medicare or Medicaid are considered final and not preferential transfers under the Bankruptcy Code.

Section 221(b) adds a new section 1894, which provides that (1) bankruptcy courts must use Medicare rules for determining whether claims by a debtor under the Medicare program are payable, and the allowable amounts of such claims; (2) the notice to creditors required under the Bankruptcy Code must be provided, in the case of Medicare debt, to the Secretary rather than a fiscal agent; and (3) a claim for payment under Medicare cannot be considered a matured debt payable to the bankruptcy estate until allowed by the Secretary.

#### TITLE III—MEDICARE MENTAL HEALTH PARTIAL HOSPITALIZATION SERVICES

Sec. 301. Services not to be furnished in residential settings.

Section 301 amends section 1861(ff)(3)(A) to eliminate payments for partial hospitalization services in an individual's home (including an institutional setting).

Sec. 302. Additional Requirements for Community Mental Health Centers.

Section 302 amends section 1861(ff)(3)(B) to require community mental health centers, as a condition of receiving payments for partial hospitalization services, to serve a substantial number of patients who are not eligible for Medicare benefits, and to meet additional conditions the Secretary may specify concerning the health and safety of patients, or for the effective or efficient furnishing of services.

Sec. 303. Prospective Payment System.

Section 303 amends sections 1833 and 1866 to authorize the Secretary to develop a prospective payment system for partial hospitalization services. The system is to provide for appropriate payment levels for efficient centers and is to take into account payment levels for similar services furnished by other entities. Beneficiary coinsurance is limited to 20 percent of the new payment basis.

#### TITLE IV—MEDICARE RURAL HEALTH CLINICS

Sec. 401. Per-Visit Payment Limits for Provider-Based Clinics.

Section 401 amends section 1833(f) to extend the current per visit payment limits applicable to independent rural health clinics to provider-based clinics (other than clinics based in small rural hospitals with less than 50 beds).

Sec. 402. Assurance of Quality Services.

Section 402 amends section 1861(aa)(2)(I) to require clinics to have a quality assurance and performance program as specified by the Secretary.

Sec. 403. Waiver of Certain Staffing Requirements Limited to Clinics in Program.

Section 403 amends section 1861(aa)(7)(B) to limit the current authority for the Secretary to waive the requirement that a clinic have a mid-level professional available at least 50 percent of the time. The waiver will be applicable only to clinics already providing services under Medicare, and not to entities initially seeking Medicare certification.

Sec. 404. Refinement of Shortage Area Requirements.

Section 404 amends section 1861(aa)(2) to refine the requirements concerning the area in which a clinic is located. First, the section requires triennial recertification that requirements are met. Second, the Secretary has to find that there are insufficient numbers of needed health care practitioners in the clinic's area. Third, clinics that no longer meet the shortage area requirements will be permitted to retain their designation only if the Secretary determines that they are essential to the delivery of primary care services that would otherwise be unavailable in the area.

Sec. 405. Decreased Beneficiary Cost Sharing for RHC Services.

Section 405 amends sections 1861(aa)(2) and 1833(aa)(3) to lower beneficiary coinsurance for RHC services to 20 percent of the per visit limit.

Sec. 406. Prospective Payment System for RHC Services.

Section 406 amends sections 1833 and 1861(aa)(2) to require the Secretary to develop a prospective payment system for rural health clinic services (to go into effect no later than 2001). The system may provide for adjustments for excessive utilization, and is to be updated annually. Initially the system

is to result in aggregate payments approximately equal to those under current law. Beneficiary coinsurance is limited to 20 percent of the new payment basis.

#### WEDDING OF JASON SCOTT STELE AND MICHELLE FAYE LAWRENCE

#### HON. BILL PASCRELL, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, June 3, 1997*

Mr. PASCRELL. Mr. Speaker, I would like to bring to your attention the momentous occasion of Jason Scott Stele's and Michelle Faye Lawrence's wedding on Saturday, May 31, 1997. The wedding took place in Carmel, IN at the Indianapolis Hebrew Congregation.

Jason was born on October 1, 1974, in Livingston, NJ to Kenneth and Sharon Stele of West Orange. He was educated at West Orange High School and attended Purdue University where he received his bachelor of arts in psychology. A graduate student, Jason received his master of science degree in psychology from George Mason University.

Jason managed to garner numerous awards and distinctions throughout his collegiate career. Among his top honors are membership in Phi Beta Kappa National Honor Society, Golden Key National Honor Society, and Psi Chi National Psychology. Included with this impressive list of accolades is Jason's graduating with distinction—within the upper 5 percent of his class—and making the dean's list.

Michelle was born on December 30, 1973, in Carmel, IN, to Herman and Diane Lawrence. She was educated at Carmel High School and also attended Purdue University, earning her bachelor of science degree in mathematics education. Michelle also managed to garner numerous awards and distinctions, among them being membership in the Golden Key National Honor Society, Kappa Delta Pi National Education Honor Society, and the National Council for Teachers of Mathematics. Included with this list of impressive accolades is Michelle's membership in the Alpha Phi Omega National Service Fraternity and making the dean's list.

Jason and Michelle met while both were attending Purdue University. Jason was set up on a blind date with Michelle by Kristen Cooper, a friend of theirs in the Purdue Marching Band. The two were soon engaged, and were wed on May 31, 1997.

Mr. Speaker, I ask that you join me, our colleagues, and Jason and Michelle's family and friends, in recognizing the momentous occasion of Jason Scott Stele's and Michelle Faye Lawrence's wedding.

#### CELEBRATING 25 YEARS OF AFRICAN-AMERICAN ENTREPRENEURIAL EXCELLENCE

#### HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, June 3, 1997*

Mr. CONYERS. Mr. Speaker, I rise to pay tribute to the African-American entrepreneurs featured in "Black Enterprise" magazine's June 1997 cover story honoring six "Marathon